

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID #J.	DATE
FEE DETERMINATION	HL	49	4-4-01
O.I.P.E. CLASSIFIER			4/25/01
FORMALITY REVIEW	TAF	953	05-09-d
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original				
1	✓	51		101	
2	✓	52		102	
3	✓	53		103	
4	✓	54		104	
5	✓	55		105	
6	✓	56		106	
7	✓	57		107	
8	✓	58		108	
9	✓	59		109	
10	✓	60		110	
11	✓	61		111	
12	✓	62		112	
13	✓	63		113	
14	✓	64		114	
15	✓	65		115	
16	✓	66		116	
17	✓	67		117	
18	✓	68		118	
19	✓	69		119	
20	✓	70		120	
21		71		121	
22		72		122	
23		73		123	
24		74		124	
25		75		125	
26		76		126	
27		77		127	
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32		82		132	
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35		85		135	
36		86		136	
37		87		137	
38		88		138	
39		89		139	
40		90		140	
41		91		141	
42		92		142	
43		93		143	
44		94		144	
45		95		145	
46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

If more than 150 claims or 10 actions
staple additional sheet here

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